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AUTHOR	Malm, Karin; Bess, Roseana; Leos-Urbel, Jacob; Geen, Robert; Markowitz, Teresa
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ABSTRACT

In 1999, researchers conducted case studies on 12 states and multiple local sites to document how welfare reform and other changes affected child welfare agencies, following up on 1997 case studies. They conducted interviews with welfare and child welfare stakeholders and focus groups with child welfare workers. Respondents discussed the impact of welfare reform on child welfare and of direct challenges to child welfare. They emphasized continuing concerns about the quality and capacity of the child welfare system. In some states, these concerns led to the formation of commissions charged with assessing the child welfare system, while other states faced legal action. Respondents noted that frequent child welfare leadership changes affected child welfare priorities and agency responses to various situations. The mission of child welfare agencies continued to fluctuate between focusing on family preservation and on child safety as a top priority. One way that both federal and state governments sought to improve the child welfare system was by increasing oversight and making agencies more accountable for outcomes. Respondents acknowledged that most systems lacked sufficient resources to protect and serve children and families adequately. Child welfare workers reported that they have more clerical work, less decision-making authority, and less time to spend with children and families. (Contains 21 references.) (SM)

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Running to Keep in Place: The Continuing Evolution of Our Nation's Child Welfare System

Karin Malm
Roseana Bess
Jacob Leos-Urbel
Robert Geen
The Urban Institute

Teresa Markowitz
On the Mark, Inc.

Occasional Paper Number 54

The Urban Institute
2100 M Street, N.W.
Washington, DC 20037
Phone: 202.833.7200
Fax: 202.429.0687
E-Mail: paffairs@ui.urban.org
http://www.urban.org

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This paper is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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Assessing the New Federalism is a multiyear Urban Institute project designed to analyze the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. In collaboration with Child Trends, the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey, studies of policies in 13 states, and a database with information on all states and the District of Columbia, available at the Urban Institute's Web site (http://www.urban.org). This paper is one in a series of occasional papers analyzing information from these and other sources.

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Executive Summary

As part of the Urban Institute's *Assessing the New Federalism* (ANF) project, in-depth case studies were conducted in 12 states and multiple local sites in 1999 to document how welfare reform and other changes may be affecting child welfare agencies.[1] These case studies, a follow-up to case studies conducted in these same localities in 1997, included in-person, semistructured interviews with a broad range of welfare and child welfare stakeholders, including administrators, researchers, supervisors, legislative representatives, and advocates. Focus groups with child welfare workers were conducted at each local site.

While study respondents discussed the impact of welfare reform on child welfare, we found this topic was overshadowed by more urgent, more direct challenges to child welfare. Results of the first round of ANF case studies in 1997 provided the study's baseline picture of the child welfare system. This picture was of a crisis-oriented, reactive system. In 1999, much as in 1997, there continued to be significant concerns about the quality and capacity of the child welfare system. In some states, these concerns led to commissions charged with assessing the child welfare system; other states faced legal action. Respondents noted that frequent child welfare leadership changes affect child welfare priorities and the manner in which agencies respond to crisis and criticism. In addition, the mission of child welfare agencies continued to fluctuate between a focus on family preservation and a focus on child safety as the top priority in decisionmaking.

One of the ways that both federal and state governments are seeking to improve the child welfare system is by increasing oversight and making agencies more accountable for outcomes. States have installed new information systems to increase accountability, and, in an effort to respond to ongoing concerns about the quality of their child welfare systems, states are implementing new approaches and practices for serving children and families. Some initiatives are designed to affect the initial intake and investigation process (e.g., alternative response systems, structured decisionmaking), and others address ongoing case planning or expanding permanency options (e.g., family group decisionmaking, concurrent planning, Title IV-E waiver demonstrations).

In addition to the many concerns about the quality of service delivery within child welfare systems, there has also been acknowledgement that most systems lack sufficient resources to protect and serve children and families adequately. The resource capacity of child welfare systems depends on many factors, including the level of funding and staffing and the availability of foster care placements. Respondents in many ANF states reported increased staff allocations, though most acknowledged that recruiting and retaining staff has been difficult. While a lack of available and appropriate foster homes has been common, respondents noted some new

reasons for it. In addition to internal resources, child welfare agencies depend on the capacity of other service systems—substance abuse, mental health, housing, and child care—to serve children and families. While respondents noted some increases in the availability of substance abuse treatment and child care, they reported a severe lack of both affordable housing and adequate mental health services.

Though recent attention has been focused on improving child welfare practices and programs through reform initiatives, the impact of these reforms on caseworkers has not been well researched or understood. Our ANF interviews and focus groups provide insights into the effect on front-line practices. There is no doubt in the minds of workers that their workload has changed in the past few years, with new, added responsibilities. Workers said that overall they feel they have more clerical work, less decisionmaking authority, and less time to spend with children and families. Staff reported that they spend more time preparing for, and being in, court as a result of the enactment of the federal Adoption and Safe Families Act of 1997 (ASFA) and their own states' permanency efforts. New Statewide Automated Child Welfare Information Systems (SACWIS) required by federal law have necessitated extensive staff training and time commitments. Further, automation efforts have been met in most cases with a decrease in clerical staff positions, making new responsibilities part of each caseworker's job. Also, with the increased focus on documentation, workers perceive that their direct interaction with children and families has become secondary to being able to provide accurate and complete documentation.

Running to Keep in Place: The Continuing Evolution of Our Nation's Child Welfare System

Introduction

The nation's child welfare system is the last safety net for children who have been abused or neglected. Child welfare services encompass a range of activities, including investigating reports of abuse and neglect, counseling children and family members to keep the family intact, protecting children who may need to be temporarily or permanently removed from the home, and working with children and parents to reunify families or to seek a permanent placement for children (e.g., adoption, independent living) if reunification is not possible.

The federal welfare reform law, formally the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which was signed by President Clinton in August 1996, significantly altered the nation's safety net for low-income children and families. From the preliminary discussions about welfare reform through the debates on and passage of PRWORA, policymakers, advocates, and researchers expressed fears about what would happen to those families that did not fare well under the new welfare system. Many predicted that welfare changes would increase the number of children who are abused and neglected, referred to child protective services, and placed in foster care or other out-of-home settings. While data are limited, we do know that there is a strong link between the receipt of welfare and the risk of involvement in the child welfare system, and recent studies have also documented the link between welfare receipt and future child welfare involvement (Geen et al. 2001).

As part of the Urban Institute's *Assessing the New Federalism* project, in-depth case studies were conducted in 12 states and multiple local sites in 1999 to document how welfare reform and other changes may be affecting child welfare agencies. These case studies, a follow-up to case studies conducted in these same localities in 1997, included in-person, semistructured interviews with a broad range of welfare and child welfare stakeholders, including administrators, researchers, supervisors, legislative representatives, and advocates. We also conducted focus groups with child welfare workers at each local site. Interview protocols for both the semistructured and focus group interviews centered on changes in the interaction and collaboration between the child welfare agency and the welfare office; recent changes in staffing and staff responsibilities; the resources available for the child welfare agency and how these have changed since welfare reform; recent changes in service delivery policies and practices; and changes in the numbers and types of families coming to the atten-

tion of child welfare. The case studies were supplemented by telephone interviews with a stratified random sample of 135 county child welfare officials in our 12 case study states and Mississippi.[2] These conversations touched on the same issues the case study interviews covered.[3]

While there is no doubt that the future impacts of welfare reform remain a concern to child welfare agencies, at the time of the site visits (mid- to late 1999) these agencies were dealing with more pressing challenges. Study respondents discussed the impact of welfare reform on child welfare, but we found this topic was overshadowed by more urgent, more direct challenges to child welfare. Respondents were eager to discuss these challenges. It is important to note that the findings and examples we present do not represent an exhaustive list of the various policies and practices being implemented in child welfare agencies across the country, nor do they characterize the opinions of all child welfare staff. Further, when county examples are given, they do not necessarily signify actions or policies throughout the state. The findings presented highlight specific initiatives or practices that respondents deemed noteworthy and describe overall themes. Moreover, the findings are based on the opinions of respondents, and, in general, secondary data sources were not used to confirm responses. Thus, when something is reported to have changed over the past few years, it is largely the opinion of child welfare staff in the field—administrators, supervisors, and front-line workers.

The resulting findings provide the opportunity to update the October 1999 Urban Institute publication, ***State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny,*** and to provide new information on the impact of these challenges on child welfare practice. The sections that follow describe the continuing crises and criticism faced by state and local child welfare systems, as well as ongoing efforts to reform these systems. These reforms, implemented by federal, state, and local agencies, have sought to improve the quality of child welfare services and the capacity of the system to serve children and families. Ongoing reforms have no doubt affected front-line practice, and we highlight how the roles and responsibilities of caseworkers have changed in recent years. In the last section, we summarize our findings and provide commentary on the state of our nation's child welfare system.

Welfare reform's impact on child welfare is discussed in detail in three recently released Urban Institute papers: ***Welfare Reform's Effect on Child Welfare Caseloads, Welfare Reform and Opportunities for Collaboration between Welfare and Child Welfare Agencies,*** and ***The Cost of Protecting Vulnerable Children II: What Has Changed Since 1996?*** The ***Assessing the New Federalism*** project has also produced individual state summaries with sections devoted to policies and practices in welfare and work, child care, and child welfare.

The System: Still Crisis Oriented and Unstable

Results of the first round of ANF case studies in 1997 provided the study's baseline picture of the child welfare system. This picture was of a crisis-oriented, reactive sys-

tem. The information obtained during the 1999 ANF case studies provides a picture of a child welfare system that continues to be largely reactive to, and driven by, crises and criticism as well as changes in leadership and mission. Policies are often influenced by individuals and organizations external to the system and are not linked to evidence of best practices. To provide a better understanding of the reactive nature of the child welfare system, the following section discusses the crises and criticisms that many state child welfare systems face.

Concerns and Criticisms about Quality and Capacity

In all the states we visited in 1999, the significant concerns about the quality and capacity of the child welfare system that we found in 1997 remained. In some states, these concerns stemmed from a specific event, often the death of a child due to abuse or neglect. In many states, these concerns led to commissions charged with assessing the state's child welfare system. Other states faced legal action, with lawsuits or settlement agreements contending that child welfare agencies lacked the quality or the capacity to protect and serve abused and neglected children and their families.

Child Deaths

In our report documenting the findings of the 1997 case studies, we noted that child deaths resulting from abuse or neglect received increasing coverage by the media. In 1997, child welfare case workers in several states noted that this coverage of child deaths and increased scrutiny had influenced caseworker practice. Though child deaths caused by abuse or neglect have been increasing over the past decade, they remain an infrequent occurrence (National Clearinghouse 2001). But though it happens infrequently, the death of a child known to a child welfare agency often results in widespread changes to the system's practices, policies, and legislation. In the 1999 case studies, we found that states' child welfare systems continued to face major criticism stemming from child deaths, and in several states child deaths sparked significant reform of the child welfare system. In the aftermath of a child's death, child welfare workers responsible for answering calls to abuse and neglect hotlines often err overwhelmingly on the side of safety, greatly increasing the number of calls to which investigative workers must respond. In turn, investigative workers err on the side of removing the child from the home (necessitating more placement resources) instead of leaving the child in the home and providing monitoring or in-home services. Reunification services may also be affected as workers become more apprehensive about returning children to their homes. While workers' responses are normal and even laudable in light of the circumstances, the resulting drain on staff time and placement resources may cause further negative consequences.

The most salient example of a child death leading to significant policy changes is in Florida, where child welfare workers and administrators identified highly publicized child deaths as the biggest impetus for changes in the child welfare system. The highest-profile child death in Florida was the 1998 beating death of six-year-old Kayla McKean, which led to the 1999 Kayla McKean Child Protection Act. The law contains many stipulations aimed at improving child abuse investigations and pro-

vides for increases in funding. Respondents in Florida reported that, in addition to generating this new legislation, the deaths increased public awareness of child abuse and neglect, resulting in more reports of abuse and neglect.

In Texas, the number of child deaths increased by more than 70 percent in FY 1998 from FY 1997.[4] A Texas Department of Protective and Regulatory Services report examining the deaths found a need for increased emphasis on safety and greater scrutiny of high-risk cases, as well as a need for additional workers, reduced worker turnover, and improved training. In Washington, the death of a child returned to her mother from foster care led to an agency report recommending increased funding to allow for hiring more caseworkers, hiring clerks to handle paperwork duties that keep caseworkers at their desks, and improving management practices (State Capitals Newsletters January 22, 2001).

Statewide Commissions

Our report of the 1997 case studies documented that "Throughout the country, the child welfare system has been under almost constant evaluation by panels of one type or another for perceived weakness in agency performance" (Geen and Tumlin 1999). This held true in 1999, as states continued to form statewide commissions to examine the child welfare systems and initiate reforms, often with dramatic effects on the systems. For example, in 1995, Michigan established the Binsfeld Commission, chaired by the state's former lieutenant governor, to examine the state's child welfare system. The commission provided recommendations that spurred the passage of significant child-welfare-related legislation in December 1997. The legislation placed greater emphasis on documentation and thorough investigations and conferred added responsibilities on staff. The legislation also required accelerated permanency and mandatory petitions for termination of parental rights in certain instances.

In 1997 in New Jersey, the governor created the Blue Ribbon Panel on Child Protective Services to examine the performance and assess the strengths and weaknesses of the child welfare system. The panel's final report, released in 1998, has been the driving force in policy changes in the child welfare agency and has resulted in increased state funding for child welfare. Respondents in a few of the district offices believed that caseloads had increased as a reaction to the report.

In Texas, a different type of report had a significant effect on the state's child welfare system. In October 1998, a state district court judge sent a petition to the governor and the state legislature, seeking increased funding for child welfare.[5] The petition was supportive of the child welfare agency but identified multiple areas of concern stemming from a lack of resources. It asserted that, due to this lack of capacity, the agency did not investigate enough reports of abuse and neglect, did not confirm enough cases following investigation, and did not remove enough victims. The petition proposed that additional funds from the budget surplus be appropriated to child protective services and to programs aimed at preventing child abuse and neglect. Respondents in Texas attributed the large increase in funding for child welfare in 2000 to the judge's petition, as well as to the increase in child deaths discussed earlier.

Legal Action

In several ANF case study states, legal actions against the child welfare agency initiated reform and led to greater resources. Increasingly over the past several decades, child welfare reform has started with legal action. In some cases, additional resources have been an integral part of the reform effort; in others, additional funds were not allocated. In *State Efforts to Remake Child Welfare* (Geen and Tumlin 1999), we reported that consent decrees and legal agreements were an important force behind reform in Alabama, Colorado, and Wisconsin. We found this still to be true in our 1999 case studies. Respondents in Alabama spoke of the R.C. Consent Decree, which was signed in 1991, and in Colorado of the 1994 Child Welfare Settlement Agreement as still being the driving forces behind increased resources and reform for the child welfare system.

State child welfare systems continue to face new legal challenges. As mentioned earlier, a blue ribbon panel created by New Jersey's governor made a multitude of recommendations for reform of the state's child welfare system. The state's response to the recommendations was thought to be insufficient, however. A children's advocacy organization filed a class action lawsuit against the state in August 1999, charging that children removed from their homes remain in foster care too long before they are returned home or are placed in a permanent adoptive home and that the system does not provide adequate oversight of children in foster care. In early 2000, a similar lawsuit was filed against the Florida Department of Children and Families, alleging overcrowded, lengthy, and dangerous foster care placements. Thus, legal actions continue to be used as a means of reforming state and local child welfare service systems to serve children and families better.

Changes in Leadership and Mission

Respondents noted that frequent child welfare leadership changes affect the priorities of child welfare agencies and the manner in which they respond to crisis and criticism. During the approximately three years between our site visits, the leadership at the human services agency or child welfare agency changed in half of the ANF states.[6] In New Jersey it happened more than once; the state had three child welfare directors in three years. Beyond changes in mission, frequent changes in leadership may simply yield a lack of consistency and continuity in day-to-day practice and procedural matters. Changes may also affect important relationships with other service systems or state and local legislators. According to respondents, some changes in leadership and mission appear to affect agencies negatively but some are welcome. Florida recently appointed a former juvenile court judge to direct the child welfare agency. As a consequence, the relationship between the Department of Children and Families and the court system responsible for child abuse and neglect cases has been greatly improved.

Respondents said their agency's mission has continued to fluctuate between a focus on family preservation and a focus on child safety as the top priority in decisionmaking, most often shifting in the direction of child safety. In many states, this fluctuation has been related to the crises, criticisms, and changes in leadership men-

tioned above. Also, respondents in all ANF states acknowledged a renewed focus on permanency following enactment of ASFA in 1997.

Florida's child welfare system has shifted its philosophy away from family preservation, which prevailed in the early to mid-1990s, and now places greater emphasis on child safety. In fact, the child welfare agency in Florida changed its name from the Office of Family Safety and Preservation to the Office of Family Safety. Respondents reported that since the shift in philosophy, more cases are investigated for possible maltreatment and more children are removed from their homes and placed in foster care.

Similarly, New Jersey maintained its emphasis on reunification until 1999 when, based on recommendations from the state's blue ribbon panel, the governor signed a law requiring a new standard making child safety the top priority in foster care placement decisions. Conversely, in Alabama, with a new commissioner of the Department of Human Resources in 1997 came a shift in philosophy on child welfare and specifically on the R.C. Consent Decree. The consent decree placed a greater emphasis on individualized services and increased efforts to keep families intact. The previous commissioner had opposed the consent decree, feeling that it kept children in dangerous homes. Her successor, in contrast, has shown support for the consent decree and has been working more toward keeping families together.

In our 1999 ANF case studies, we found child welfare systems facing continued criticism. Respondents noted, as they did in 1997, that the criticism results in large part from child deaths and the extensive media coverage surrounding them. Statewide commissions and legal actions continue to be critical of child welfare systems and are often the impetus for reform efforts. Changes in child welfare leadership affect how agencies respond to the criticism. The following section describes recent child welfare reform initiatives. According to respondents in 1999, agencies are trying to implement these reforms in systems that continue to be crisis oriented and unstable—difficult environments in which to pursue substantial reforms.

Child Welfare Reforms

One of the key ways that both federal and state governments are seeking to improve the child welfare system is to increase oversight and make agencies more accountable for outcomes. States have installed new information systems to increase accountability at all staffing levels. In addition, practice initiatives under way in states have been aimed at different points in the child welfare process, from intake and investigation to efforts to enhance permanency. And a number of states have sought to increase the capacity of child welfare systems by increasing resources. However, inadequate staffing and the scarcity of other resources (e.g., foster care placements) make these efforts difficult.

Greater Oversight and Accountability

On the federal level, the Adoption and Safe Families Act of 1997, the authorization of Statewide Automated Child Welfare Information Systems (SACWIS), and the Adoption and Foster Care Analysis and Reporting System (AFCARS) in 1993, have greatly influenced the degree of oversight of child welfare systems. States' SACWIS systems allow for more consistent data collection across states, and AFCARS allows the federal government to process the states' data and compile reports. ASFA also imposed newly revised federal child and family services review procedures that provide greater accountability for child and family outcomes.

Many child welfare stakeholders view the enactment of ASFA as potentially a very influential initiative to redirect and reform the delivery of child welfare services across the country. Passage of ASFA was motivated by a concern for the large number of children remaining in foster care for long periods of time without reaching permanency, as well as children being returned to unsafe homes. In addition to mandating that states develop new permanency planning procedures and reduce the time until permanency decisions are made (from 18 months to 12 months), ASFA requires that states conduct criminal record checks on prospective foster and adoptive parents who will receive federal funds.

On January 25, 2000, the Department of Health and Human Services published a final rule that updates the Child and Family Services Reviews, a tool for ensuring compliance with federal child welfare requirements. The new reviews represent a significant departure from the former review process, which focused primarily on making child welfare case files and other records accurate and complete, without focusing on outcomes for children and families. Children's safety, permanency, and child and family well-being are now being monitored and tracked as outcomes. The reviews also focus on the states' effectiveness in conducting reviews of foster care cases at required intervals, training staff, licensing foster care providers, and recruiting adoptive parents. Unlike the former review process, states now have opportunities to make improvements before significant penalties are imposed.

In order to make this change to an outcome-based review process, states needed comprehensive data systems that could be standardized and compiled across states. State child welfare agencies have long been criticized for incomplete, inaccurate, and outdated information systems. In 1993, as part of the Omnibus Budget Reconciliation Act, Congress required that states establish foster care and adoption data collection systems. Many states have had difficulties implementing SACWIS; as of June 2001, only 25 states had operational SACWIS systems.[7] However, AFCARS is operational, and states currently submit adoption and foster care data for two reporting periods each fiscal year. In FY 2000, all states except Alaska reported data, and almost all states are now meeting the minimum data requirements.[8]

State-level changes to improve accountability and increase oversight have taken various forms, including changes in the investigation process, review boards, and court proceedings. A few states have adjusted the investigation process. For example, in New York, under Elisa's Law,[9] counties must keep the investigation records of cases that were unfounded; they cannot expunge the records for 10 years after the

investigation. This record retention allows broader access to case files for reviewing the appropriateness of decisions. In Michigan, the Binsfeld Commission has precipitated more field investigations (as opposed to phone contacts) and the definition of who can be investigated has been expanded (e.g., to include boyfriends).

Several states have created foster care review boards and fatality review boards or have increased the monitoring responsibilities of existing boards. In Colorado, the state foster care review board is doing more on-site work with the counties, and it received six new staff positions to monitor out-of-home placement facilities across the state. New Jersey created a child fatality and near-fatality review board in 1997 to study all suspicious child deaths or near-fatal incidents, not just those of children who were under the supervision of the state child welfare agency.

Some states have attempted to increase accountability by providing forums for the public to voice concerns and offering the public greater access to court proceedings. For example, Washington created a state ombudsman office to provide a voice for parents and other individuals with concerns and questions about the foster care system. Minnesota moved to an open court system, opening child welfare court proceedings to the public unless they are closed by the judge under specific circumstances.

In recent years, other more comprehensive efforts to revamp the judicial handling of child abuse and neglect cases have been implemented. Under the Family Preservation and Family Support Act of 1993 (which is now part of ASFA), Title IV-B subpart 2 funding is available for the Court Improvement Program, which provides grants to states to improve handling of child abuse and neglect court proceedings. States have used the funding for a wide variety of activities, including development of mediation programs, joint training for child welfare agency and court personnel, automated and time-specific docketing and case tracking, and one judge/one family court models (U.S. Department of Justice 1999).

New Practice Initiatives

In an effort to respond to ongoing concerns about the quality of their child welfare systems, states continue to experiment with new approaches and practices for serving children and families. The reform initiatives described below are directed at different child welfare practice areas within the service continuum—some initiatives are designed to affect the initial intake and investigation process, and others address ongoing case planning or expanding permanency options.

At the front end of the system, almost all states screen reports of alleged abuse or neglect to determine whether the case is appropriate for investigation. In some cases, a highly publicized child tragedy or other initiative emphasizing child safety has changed the threshold for a report to be investigated. The most salient example is Florida, which now, under the Kayla McKean law, makes full investigations mandatory for any reports made by school officials, physicians, or judges, and in all cases where a previous report involving the same child was received, regardless of the finding in the earlier case. Administrators in other states reported that increased demand for child welfare services may raise the level of evidence or severity of a report needed

for the allegation to be fully investigated. For example, administrators in Washington reported that the bar has been raised in terms of which families are screened into the system. They say that if all reports were screened in, the number of social workers would have to double. Some policymakers as well as researchers have argued that, given limited resources, child welfare agencies can investigate only a certain number of abuse and neglect referrals, and that screening often serves a triage function (Tumlin and Geen 2000).

Another initiative being developed in some states to reform the front end of the system is alternative or multiple-track response systems. This model is based on the assumption that the traditional, court-driven child protective services model is not appropriate for all families reported to child welfare (Waldfogel 1998). Child welfare agencies using this model offer different responses, depending on the needs of the family and the risks posed to the child—making child protective investigations mandatory in only the most serious cases while making assessment of lower-risk families voluntary (Walter R. McDonald 2000). Washington is providing community supports to families who have been reported for alleged abuse or neglect but have been screened out. At the time of our visit, Alameda County, California, was planning to use Temporary Assistance for Needy Families (TANF) funds to create a network of services in the community to be used as part of an alternative response system to serve low- to medium-risk child welfare clients.

Structured decisionmaking (SDM) is another practice that is being adopted to increase reliability and accountability during the intake and investigation process.[10] SDM encompasses clearly defined standards and instruments for reliable, immediate, and long-term safety decisions (American Public Human Services Association 2000). Nineteen of the 39 states responding to a survey by the American Public Human Services Association identified an SDM model, or an element of the comprehensive model, as an important practice in their child protective services. These tools are to be used as research-based instruments to augment the caseworker's evaluation of a given family and situation. Michigan began using a standardized risk assessment in 1996 for child protective services workers to assess the need for removal, and in 1998 foster care workers in the state began using structured decisionmaking to assess the likelihood of reunification.

ASFA gave new acceptance to the practice known as "concurrent planning," and the practice appears to be increasing nationwide (U.S. General Accounting Office 1999). Concurrent planning allows states to undertake efforts to provide an adoptive or other permanent placement for a child while concurrently pursuing efforts to preserve or reunite the family. Concurrent planning, developed in the late 1980s, was specifically designed to serve very young children from substance abusing or otherwise severely compromised families. It was intended to be a means of increasing the likelihood of timely permanency for these very young children (Katz 1999). Minnesota is one example of a state that is making a shift to concurrent planning. The state legislature mandated concurrent planning and appropriated TANF funds to the child welfare agency for this purpose.

A practice being widely implemented by child welfare agencies throughout the case continuum is family group conferencing or family group decisionmaking. This

practice recognizes the need for a partnership among the child welfare agency, the families being served, and the communities in which those families reside. The model, first developed in New Zealand in the late 1980s, attempts to improve the quality of care by capitalizing on family strengths and involving family and community members in the decisionmaking process to positively affect the well-being and safety of the child (Merkel-Holguin 1998). In Michigan, TANF funds are being used to pilot family group decisionmaking in six counties. The family develops the service plan and the child welfare agency provides wraparound services as a means of diverting families from the child welfare system. In Denver County, Colorado, administrators hope to use family group conferences with all cases at the front end when initial placement decisions are being discussed, so that relatives and other extended family members can provide input and become better informed of agency practice and case specifics. Denver created a specialized unit that is responsible for organizing, scheduling, and facilitating these meetings, relieving caseworkers of this added responsibility.

Federal waivers under Title IV-E are another attempt to encourage innovative programs and practices at all points along the service continuum through flexible funding.[11] Some states have used the IV-E waiver to develop programs aimed at providing a wider range of services and supports for children. Six states[12] are conducting managed care demonstrations, using a capitated payment structure to deliver services, often to a special population of children and youth. In other states, the waivers are bolstering collaboration with other agencies through the flexible funding opportunity, as well as ensuring access to quality substance abuse treatment for families affected by substance abuse (Miller 2000).

Many states' use of IV-E waivers has incorporated changes to permanency options. Nationwide, seven states[13] have implemented IV-E waiver demonstration projects that offer relatives and foster parents caring for children in the child welfare agency's custody the option of becoming legal guardians of the children in their care while continuing to receive some form of payment. The purpose of these states' waivers is to provide greater legal permanency in established placements while lessening the involvement of the child welfare agency and court. Maine and Texas designed waiver projects to promote adoption through enhanced training for professionals and a more comprehensive array of postadoption services to families adopting children with special needs (James Bell Associates 2001).

Resource Capacity of Child Welfare Systems

In addition to the many concerns about the quality of service delivery in child welfare systems, most systems acknowledge that they do not have enough resources available to protect and serve children and families adequately. The resource capacity of child welfare systems depends on many factors, including the level of funding and the sufficiency of staffing. Another factor cited by 1999 ANF respondents that influences the capacity of child welfare systems is the availability of foster care placements. These factors are described in the sections that follow. Capacity of other service systems is also discussed as it relates to the needs of the children and families served by child welfare systems.

Changes in Funding and Service Delivery

The principal sources of federal funds dedicated to child welfare services are Titles IV-B and IV-E of the Social Security Act. Title IV-B is a capped allocation to states that provides funding to prevent out-of-home placements, for reunification services, and for other family preservation and community-based family support programs as well as funding for post-adoption support services. Title IV-E is the largest funding source; it consists of foster care and adoption assistance programs, which are both open-ended entitlements, and the independent living program for older youth, which is a capped entitlement (Bess, Leos-Urbel, and Geen 2001).

States have several opportunities to obtain federal dollars they can use to increase their capacity to serve families that come in contact with the child welfare agency. ASFA, in addition to authorizing added Title IV-E waivers, authorized adoption incentive payments to increase the number of adoptions of children in foster care.[14] In addition, the Foster Care Independence Act of 1999 increased funding for independent living programs to $140 million a year for five years.[15] Moreover, child welfare administrators are attempting to identify opportunities to use flexible TANF funds to serve child welfare clients (Ehrle et al. 2001).

Eight of the ANF states[16] increased funding from federal, state, or local resources. Most counties surveyed in these states (except the state of Washington) also noted an increase in child welfare funding. Respondents said the increased resources were used for additional child welfare staff positions, home visiting programs for high-risk families and other early intervention programs, domestic violence projects, supports for foster parents, and other programs such as drug and alcohol services.

While state officials may have reported funding increases, 51 county child welfare administrators contended that while funding had increased overall, resources were less sufficient than three years ago.[17] County administrators were also asked about the consequences of insufficient resources. They noted the following:

- Overburdened or overworked staff (workers and supervisors).
- Higher staff turnover, which leads to more inexperienced workers and also to difficulty in recruiting new workers.
- Workers spending less time with families.
- A higher threshold for placements (i.e., for a child to be removed from the home).
- Difficulty locating appropriate placements.
- Agencies seeking additional funds in the form of grants, additional appropriations from the legislature, or other departments or public agencies (e.g., one county has requested that the schools pay half the salary of child welfare social workers located in the schools).
- More outreach and collaboration with community providers.

- Fewer services for families and children (e.g., psychological evaluations, counseling, prevention services, home-based services, family reunification services, and parenting classes).
- More financial burden placed on the localities, jeopardizing other child welfare programs or new initiatives the counties are trying to maintain or develop.
- Children being sent out of state or farther away from the county for residential placements.

Officials in 29 counties reported that resources were more sufficient than they had been in 1996. Respondents noted that the increased sufficiency allowed them to

- Hire additional staff.
- Provide more appropriate services to families (e.g., in-home counseling, therapeutic foster homes, and homemaker services).
- Decrease the number of children coming into care by providing more wrap-around prevention services.

Some ANF states and localities have attempted to improve efficiency by moving to managed care models and privatizing services.[18] Administrators in seven ANF states[19] reported that they are implementing or piloting managed care services or privatizing some or all child welfare services. In Florida, 1998 legislation mandates the privatization of all child welfare services, with the exception of investigations, statewide by 2003 (i.e., case responsibility and management would rest with private community-based providers). County sheriff departments have the option of taking over the investigation process, but if they choose not to, child protective investigations would remain the responsibility of the child welfare agency. In Colorado, six counties are piloting a managed care approach focusing on different populations (or no specific population) within child welfare. Any overall savings from the pilots remain with the counties, and the counties can invest the savings in prevention services and adoption subsidies, and use them to enhance existing services.

Staffing

Respondents in many ANF states[20] reported increased staff allocations. Some of these increases were for specific types of child welfare workers (e.g., foster care or investigative workers), and others were for all types of child welfare workers. However, most of the ANF states[21] said that recruiting and retaining staff has been difficult.

Administrators reported many reasons for the difficulty in staff recruitment and retention. One reason was that the good economy was providing numerous career choices for social workers. Another was that workers were often able to find other social work positions that were less stressful and offered greater financial compensation. For example, administrators in Erie County, New York, and in Texas said many of the workers who left the child welfare agency took positions as school counselors. Child welfare workers in Colorado, New Jersey, and Washington have retired or moved to less demanding positions in the human services umbrella agency. Many

administrators, workers, and supervisors also noted that documentation demands and caseload sizes are an issue in recruitment and retention. For instance, administrators in Texas said that filling the allocated positions has been difficult because of continuing high caseloads and an increase in worker responsibilities that includes using automated systems without clerical support.

Workers in Jefferson County, Alabama, and administrators in San Diego County, California, said that disrespectful treatment by judges was another reason workers resigned from the agency. San Diego was able to decrease its turnover rate by improving the agency's relationship with the courts, helping workers feel more respected and valued by the courts.

Availability of Foster Homes

Together with staff, foster homes are perhaps the most valuable resource for child welfare agencies. A lack of foster homes can have a significant impact not only on the children for whom placements must be located but also on the caseworkers whose responsibility it is to find appropriate placements. For example, the lack of an available bed in a foster family home for an older child can lead to an inappropriate, more restrictive group home placement, as well as a potential change in placement once a foster home does become available. Local and state administrators, as well as workers in the ANF states, noted a significant change in the availability of foster homes over the past few years. In New Jersey, results of the Blue Ribbon panel included stepped-up efforts to recruit foster parents, increased training, and higher payment rates for foster parents. Most states reported a decline in foster home resources, though, particularly in therapeutic homes and placements for adolescents.

While a lack of available and appropriate foster homes is not new, what may be new are some of the reasons for the shortfall. TANF work requirements have created an increased demand for child care providers, and all ANF states reported an increase in such resources. In Alameda County, California, and Seattle, Washington, workers said many foster parents are becoming child care providers. Workers in Boston, Massachusetts, said that because of the time-limited nature of TANF, foster parents are required to have a stable source of non-TANF income, which the workers say has restricted the number of foster parents. In addition, the workers in Alameda County and Seattle, as well as workers in other communities, noted that because of ASFA's permanency mandates, more foster parents are becoming adoptive parents, decreasing the pool of foster homes.

Workers in the ANF states commented on the impact of the lack of foster homes. San Diego workers said they often cannot place siblings together or place children in homes of similar ethnic backgrounds. Respondents in several ANF states mentioned that the increase in the use of kinship placements was often the result of a shortage of foster homes. In Boston, where foster care resources have decreased significantly in recent years, workers reported an increased emphasis on kinship care. Workers mentioned that they do not need to conduct home studies on relatives, although a criminal background check must be conducted. Workers in Erie County, New York, said stricter assessments of kin before placement has meant that fewer children are

placed with relatives, resulting in a smaller supply of foster homes. Workers in Miami, Florida, said that because of the focus on permanency, the system has been emphasizing not placing children in homes that cannot pass the adoption requirements; thus, fewer children are being placed in relatives' homes. In addition, some experienced foster parents accustomed to having long-term placements during which they can develop a close relationship with a child now may experience shorter placements as efforts become focused on permanency.

Some new initiatives are devoted to increasing the quantity and quality of foster homes. For example, the Annie E. Casey Foundation's Family to Family initiative is designed to create a network of foster family homes that are more neighborhood-based, are culturally sensitive, and are located in communities closest to the homes of the children in out-of-home placement. Each participating community or state is expected to continue the overall changes and reform once the private funding ends (Annie E. Casey Foundation 2001).

Resource Capacity of Other Systems Affecting Child Welfare

To a large extent, the ability of child welfare agencies to serve children and families depends on the capacity of other service systems. As part of individual case plans, child welfare caseworkers often require parents reported for abuse or neglect to do one or more of the following: complete a substance abuse treatment program, attend mental health counseling sessions, obtain adequate housing, or provide for appropriate supervision (e.g., day care) of their children. Thus, the availability of affordable housing, substance abuse and mental health treatment programs, and affordable and accessible child care is key to helping children and families involved in the child welfare system. Respondents in all the major metropolitan areas we visited mentioned severe shortages of affordable housing. Workers in Wayne County, Michigan, noted increased child welfare referrals of families in homeless shelters for lack of low-income housing. In Alameda County, California, even when additional resources (in the form of additional housing vouchers) were provided to the child welfare agency, families were largely unable to use the vouchers because vacancy rates were extremely low.

Respondents in many ANF states noted that mental health services were lacking for children in the child welfare system or that the services that were available were not sufficient to meet the children's needs. In some cases, respondents believed that recent managed care reforms in the mental health system had limited providers and added restrictions on the number of treatment visits allowed. In Washington, state administrators noted that more children are being served but for shorter periods and with less intensive services, and local administrators in Seattle also reported waiting lists for children who need mental health services.

Respondents reported some increases in substance abuse treatment. Most of these increases were the result of an increase in available TANF funds. However, even with the overall increases, administrators and workers did note changes in the types of substance abuse treatment services offered and a lack of services for certain populations. Workers in San Diego County, California, noted an overall increase in

substance abuse resources. State administrators in Massachusetts reported a move to outpatient treatment because inpatient services had been significantly reduced. Workers in Wayne County mentioned the need for additional services for mothers with young children, and workers in El Paso, Texas, said they lacked services for adolescents.

Respondents in most of the ANF states reported that overall child care resources had increased. In some communities, child welfare administrators perceived a clear increase in the availability of child care to child welfare clients. In New Jersey, state administrators said child welfare clients get priority and waiting lists have been reduced. In Alameda County, workers mentioned that families were extremely pleased that they could now use child care subsidies to pay their relatives to care for their children. In Tampa, Florida, and El Paso, Texas, funding for child care has more than doubled in the past few years.

How Crises, Criticisms, and Reforms Have Affected Front-Line Practices

While recent attention has been focused on improving child welfare practices and programs through reform initiatives, the impact of these reforms on caseworkers has not been well researched or understood. Results from our ANF interviews with administrators and supervisors, and focus groups with caseworkers, provide information on how the many crises, criticisms, and reform initiatives have affected front-line practices. Findings include an overall increase in worker responsibilities and a change in the nature of social work. In reporting results from our ANF case studies, we do not wish to give the impression that the move toward greater accountability and tracking outcomes was viewed negatively by our respondents. Indeed, administrators and workers alike were pleased overall with the move toward earlier permanency and tracking outcomes for children and families.

Changes in Workload

There is no doubt in the minds of workers that their workload has changed in the past few years, with new, added responsibilities. While efforts continue to be aimed at decreasing caseloads, they have largely proved futile because of staff shortages. Staff reported that they spend more time preparing for and being in court as a result of ASFA and their own state permanency efforts. Concurrent planning efforts also appear to add new job responsibilities. While ASFA has increased the emphasis on accountability, new state SACWIS systems have required extensive staff training and time commitments.

When workers were asked how their jobs had changed in recent years, they overwhelmingly cited increases in the time they spend preparing court documents and appearing at court proceedings. While in some cases workers noted local changes, for the most part they said the increased amount of court-related work was the result of

ASFA-mandated accelerated permanency hearings. Workers in Wayne County, Michigan, reported that, as a result of the recommendations of the Binsfeld Commission, they were required to appear at more court hearings on each case. Workers in local sites in California, Colorado, Florida, and New York mentioned ASFA as the reason they were now spending more time in court. Some workers also noted changes in the required court documentation; workers in Los Angeles County, California, said that a court report they used to write in 45 minutes was now taking two hours to complete. Workers in a few states also mentioned that the adversarial relationship between judges and the agency negatively affected their work. Workers noted a lack of confidence in their casework by the court system, and felt more stress when the court system displayed animosity toward the agency as a whole.

Caseworkers in some of the ANF states commented on how the use of concurrent planning was affecting their work. Workers in Alameda County, California, and Miami, Florida, said that they have to do a lot more work at the front end, collecting more information about permanency options (e.g., potential relative placements, foster home availability) and determining whether potential placements could meet the requirements of the adoptive home study. They said that in the past there was less concern at the early stage about the long-term stability of a relative placement. Workers in San Diego noted that with concurrent planning they are being asked to plan for both reunification and permanent placement, and they have found it difficult to focus on both goals simultaneously. They felt that they often end up focusing more on placement. Recent research findings have cautioned that when agencies implement concurrent planning they often tend to focus on adoption and minimize reunification, depend too much on assessment tools, and involve parents less in decisionmaking (Katz 1999). Benefits of concurrent planning were cited by caseworkers in Racine, Wisconsin, who said they felt better prepared because of the work done early in the case.

ASFA and state reform efforts have focused on making child welfare systems more accountable. Workers in the ANF states reported increases in the amount of documentation and continual changes in documentation requirements. In Los Angeles County, California, and Erie County, New York, workers noted that there was an increase in documentation as the result of a new computer system, yet they received no additional time to complete the paperwork. Workers in Wayne County, Michigan, said the "structured decisionmaking" model has increased the number of forms they need to complete for each case. In Florida, increased accountability required by the Kayla McKean Act has created additional paperwork demands. Supervisors in Hillsborrough County, Florida (Tampa), said the amount of required paperwork has tripled.

In addition to increases in required documentation, workers reported that paperwork often appears inconsistent and is continually changing. These changes make new workers, and even experienced workers, feel uncertain about procedures and make them feel inadequate. Workers in Denver County, Colorado, said the required case plan write-up continually changes. In Jefferson County, Alabama, workers said that inconsistency across units with regard to paperwork intimidates new workers trying to learn the system.

Advances in information technology over the past decade have radically changed how information is collected and stored in most professions. Newly created information systems have created disruptions in work and the need to train workers. Child welfare workers we spoke with noted the effects of new or enhanced information systems on their workload. California state administrators said they felt things were going well with the new SACWIS system; however, administrators and workers in all three local ANF communities[22] in California reported that while the new system was supposed to reduce paperwork, so far it had significantly increased documentation. Workers in Los Angeles also noted that they used to record a great deal of case information in the field, but now they must be in the office at a computer in order to input case record information. At the time of our ANF site visits, workers in Los Angeles said they were told they would be getting laptop computers in the future, and they described "squeezing in family visits between time on the computer." In Massachusetts, state administrators and local workers reported that the new SACWIS system required extensive training and caused disruption to workers' case responsibilities. Workers in many states noted that although formal training on the new information systems had been completed, they continued to spend a lot of time gaining knowledge informally from coworkers about how to use the new systems.

As discussed earlier, many ANF states have allocated new funds for staff positions only to have difficulty recruiting new staff and retaining existing staff. Workers in these states noted that high staff turnover means that they continually cover cases for departing workers, making their caseloads even higher. Supervisors also reported having to take on cases when workers leave, allowing them less time to adequately supervise and monitor the workers in their units. In Washington, where additional resources were used to lower caseloads, administrators said workers may not feel as if their caseloads are lower because of the increased documentation and tighter judicial timeframes. Even when recruitment efforts are successful, new staff often mean more inexperienced workers. New workers receive extensive formal training, but tenured workers often provide additional assistance to newly hired workers, taking time away from their own caseloads.

Child welfare caseloads[23] have long been considered too large, and more often than not agencies cannot consistently meet the accepted standards established by the Child Welfare League of America. Workers reported that if caseloads were lower it would let them build stronger relationships not only with the children and families they serve but also with collateral agencies. Workers said high caseloads make it very difficult to ensure timely checks on whether families have complied with services. Relationships with workers in other agencies (e.g., mental health, substance abuse treatment) are often strained as a result of unreturned telephone calls or incomplete documentation. Additional time with children and families might lead to more comprehensive, family-specific assessments and might promote a better public image of child welfare agencies in general, and of workers in particular.

Changing Nature of the Job

Experienced social workers told us that their job today is vastly different from their job years ago and that they like it less. Workers reported that, overall, they have more

clerical work, less decisionmaking authority, and less time to spend with children and families. States' automation efforts have been met in most cases with a decrease in clerical staff positions, making these new responsibilities part of each caseworker's job. While workers overwhelmingly agreed that ASFA's focus on more timely permanency was needed, they said the associated earlier and more frequent court hearings mean additional paperwork for them. With the increased focus on documentation, workers perceived that their direct interaction with children and families has become secondary to being able to provide accurate and complete documentation.

Over time, states' new, more comprehensive computer systems are meant to eliminate the need for hardcopy documentation. Workers were expected to input case data directly into the computer, no longer needing clerical staff to transfer information from paper forms to a computer. Reality often belies this expectation. As mentioned earlier, workers in Los Angeles said that in the past they recorded case information while in the field, but they now input all case information directly into the computer in the office. In San Diego, workers said that clerical cutbacks have increased their responsibilities, and in Detroit, workers noted that clerks no longer process caseworkers' paperwork. State and local administrators in Texas reported that layoffs of clerical workers in 1996–97 have increased the amount of clerical responsibilities for caseworkers. In Hudson County, New Jersey, workers said that they, rather than the clerks, do the majority of their own paperwork because they all have computers. Only in Washington State was it reported that new unit clerks who perform administrative functions free up some worker time for client contacts.

Workers said many of the changes discussed above have affected the very nature of their work. Workers in San Diego expressed frustration that they were unable to provide the same type of service they once could because of the increasing clerical demands on their time. In fact, some workers noted that when they attempt to do more than the minimum requirements in terms of visits with children and families, they fall behind on their paperwork and get punished for being late with their reports. Workers in Denver reported that the system relies on documenting whether a worker's checklist has been completed rather than the actual provision of services. They said there appears to be little emphasis on casework and people skills and no value put on the understanding of clinical issues.

Much discussion has occurred among experts about the degree to which child welfare workers should and do have discretion in their jobs. In the field of child welfare, the lack of clear results from well-structured, extensive program evaluations points to the continuing need for worker discretion. Until agencies can develop policies and protocols designed to provide the best case plan for all instances, workers will need to supplement agency policies and protocols with their own professional experiences and expertise (Gambrill and McGowan 1994). With the advent of structured decisionmaking models, increasing oversight, and focus on accountability, many workers responded that they felt they were losing their autonomy with regard to decisions about the children and families in their caseloads. However, while workers wanted the ability to be flexible and creative in dealing with their clients, they did not want to feel "left on their own" by the agency in crisis situations. They needed the support of their peers and supervisors without giving up their autonomy.

While some observers may argue that inexperienced workers do not have the professional expertise required to make well-informed decisions on their own, the ability to make decisions that affect children and families is often the most rewarding aspect of the job. The type of management found in most public child welfare agencies—a top-down approach—is not likely to empower workers. A study of participatory management in a public child welfare agency (aimed at improving the agency's family reunification services) found that such management had immediate, positive impacts. Staff were energized by being included in developing plans for the agency, and they became more familiar with available services. Empowered staff continued to evaluate and felt free to recommend ways to improve the system (Pine, Warsh, and Maluccio 1998).

Workers included in our focus groups had to have been at the agency for at least two years, and many were workers with long tenures. Workers who had been in the field for 10 or more years were particularly concerned about the changes in their responsibilities. While acknowledging the need for greater accountability and focus on permanency, they felt that the time with children and families had suffered. Other recent research documents similar findings. The recommendations and findings from a workload study conducted in California "provide support for the idea that changes in requirements and expectations for the child welfare system have increased the time needed to provide services." Focus group participants for the study said current policies and good practice on permanency placement require that workers spend more time in face-to-face contacts with families, finding resources, working with service providers, facilitating child and parent visitations, and conducting better assessments (Walter R. McDonald 2000).

Summary and Discussion

While the focus of the 1999 ANF child welfare site visits was to obtain information about the effects of welfare reform on child welfare agencies, many respondents were more vocal about the effects of other changes on their systems. The 1999 site visits proved to be an opportunity to discuss changes in child welfare systems since 1997 and to provide a context within which welfare reform might affect child welfare.

This context includes significant changes and ongoing reforms as a result of child deaths, class action lawsuits, and leadership and mission changes. Commissions were formed in some states to address the inadequacies in the child welfare systems. Lawsuits were the impetus for comprehensive reform of the system in a few states. In others, lawsuits and settlement agreements have provided additional resources to the system. However, policies created in reaction to a horrific event, such as the death of a child, and developed by a wide range of individuals, some of whom may not have comprehensive knowledge of child welfare agencies, may not be best for the system in the long run. Reform initiatives arising from broad-based commissions and committees may overlook valuable insights and answers gained by listening to the voices of agency staff, especially those staff whose responsibilities an initiative is most likely to affect.

Changes in agency leadership also have affected child welfare systems, and crises such as a child's death undoubtedly lead to a lack of confidence in and support for the current leader. Crises also tend to accentuate the ongoing fluctuations and lack of consensus on agency mission. How far are agencies willing to go to keep children in their own homes? Do agencies have sufficient resources to maintain the safety of children in their own homes? How much emphasis is placed on making services accessible to birth parents in order to reunify them with their children? During the 1997 ANF site visits, respondents noted that mission changes often appeared to be reactions to external criticism (Geen and Tumlin 1999). It seems evident that without a clear sense of mission and a clear understanding of what communities can and cannot expect from their child welfare agencies, the system will continue to be vulnerable to outside criticism and reform efforts. In addition, fluctuations in mission can have a negative effect on workers, leaving them confused about current policies and practices or hesitant to comply with changing guidelines.

The passage and implementation of ASFA is viewed as a major opportunity to reform state child welfare systems. ASFA's renewed focus on permanency efforts and its increased attention on outcomes and accountability have no doubt affected worker responsibilities. While workers agreed with the need for more timely permanence for children, they frequently mentioned that the earlier and more frequent court hearings that ASFA requires mean additional responsibilities for them. The revamped federal Child and Family Services Reviews depend on automated information systems to track child and family outcomes. This dependence on automated systems has affected worker responsibilities.

By far the most discussed change was the level of documentation and the increase in workers' clerical responsibilities. While some workers cited ASFA as the impetus for the increased documentation, others mentioned state reforms. Workers overwhelmingly felt that their jobs had become more clerical in nature and that the interaction with children and families had suffered as a result. Even when attempts to lower caseloads were successful, workers said that increases in documentation and covering for other workers as a result of staff turnover led to less time with children and families.

In addition to overall reforms, many states are initiating and emphasizing new practices: alternative response systems, structured decisionmaking, concurrent planning, and family group meetings. According to agency staff, many of the initiatives appear promising. However, most of the research on how these practices affect caseworkers' roles and responsibilities has not yet been conducted. During our site visits, many workers noted that additional, time-consuming responsibilities came along with the new initiatives.

Changes in other services—the low-income housing market in metropolitan areas, the availability and accessibility of child care, substance abuse and mental health services—were noted by respondents together with major concerns about insufficient staffing and a lack of foster care resources in the child welfare system. While the use of relative or kinship care may alleviate some of the lack of traditional foster homes, many children do not have relatives willing and able to care for them. In addition, foster parents have become a rich source of adoptive placements. The

lack of available and high-quality foster homes is particularly disturbing given the reliance the system places on this resource.

Insufficient staffing was reported in most of our ANF states. Recruitment and retention of child welfare caseworkers was viewed as particularly difficult, given the extreme demands of the job and the good economy, which has opened up other employment options. Not only are workers overwhelmed by agency roles and responsibilities, they must face a public that only hears about child deaths and other tragedies and views workers as "people who remove children from their homes."

Caseworkers are often disgruntled by their case management responsibilities and often carry high caseloads. This is not new. But what may be new or emerging in the wake of the increased focus on accountability and documentation is a sense that the time spent with children and families, the face-to-face aspects of caseworkers' jobs, is disappearing or is being relegated to lesser importance. Recent calls for reform have proposed a more customized and individualized response to families, noting that this may be the most challenging change. Caseworkers will need to have more autonomy, more skills, and—perhaps most important—more time to work with families (Waldfogel 2000). According to our respondents, many child welfare systems, even those with a commitment to reform and with the best of intentions, often find themselves moving in the opposite direction.

Notes

1. The 12 states visited were Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, New Jersey, New York, Texas, Washington, and Wisconsin. Mississippi was included as a study state in the Urban Institute's *Assessing the New Federalism* project but was not visited as part of the child welfare intensive case studies.
2. We attempted to complete 15 interviews in the 7 states we expected to vary significantly at the local level and 5 in 6 states we expected to vary less. Overall, we completed 110 phone interviews, for an 81 percent response rate. For each state, we had at least an 80 percent response rate. Mississippi was included in the county phone calls but was not visited as part of the intensive case studies.
3. Qualitative information provided through the case studies, county telephone interviews, and a variety of secondary documentation were coded and analyzed using Nud*ist content analysis software.
4. For both 1997 and 1998, 36 percent of the children had prior contact with the child protective services agency.
5. "A Petition in Behalf of the Forsaken Children of Texas," written by Judge F. Scott McCown.
6. State-level changes occurred in Alabama, Colorado, Florida, Massachusetts, New Jersey, and Texas.
7. In addition, nine states had partially operational systems, eight systems were in the process of being implemented, and six were in the planning stages. Three states had no activity on their SACWIS systems, having either elected not to pursue a statewide SACWIS system or terminated ongoing work on a system.
8. Per correspondence with Penelope Maza, Children's Bureau, Administration for Children and Families, Washington, D.C.
9. The death of Elisa Izquierdo in 1995 was the impetus behind changes in New York law to require the child welfare agency to maintain records of investigations of unfounded abuse and neglect cases.
10. A comprehensive SDM model has several basic components used at different points in each case:
    - A safety assessment to determine the threat of immediate harm to children and the necessary steps to protect them.
    - A risk assessment to estimate the possibility of future abuse or neglect.
    - A family strengths/needs-based assessment to help determine the services to be provided.
    - A reassessment to determine the safety, risk, and possible need to change the permanent plan or the services that are being provided.
11. In 1994, Congress authorized the Department of Health and Human Services to approve up to 10 demonstration projects requiring waivers of provisions under Titles IV-B and IV-E, which provided states with flexibility to design innovative programs. Under ASFA, the department has been allowed to approve an additional 10 demonstration projects each year in fiscal years 1998–2002.
12. Colorado, Connecticut, Maryland, Michigan, Texas, and Washington.
13. Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon.
14. The authorization is $20 million a year in fiscal years 1999–2003. The incentive payments equal $4,000 for each finalized adoption of a child in foster care above a baseline established by DHHS for each state, and $6,000 for each adoption of a special needs child in foster care above the baseline.
15. As part of the Foster Care Independence Act of 1999, the Title IV-E Independent Living Program was renamed the Chafee Foster Care Independence Program, and funding for the program was increased from $70 million to $140 million a year for five years. The method of allocating state shares is now based on each state's share of the nation's foster care population in the most recent year for which data are available. The Act also allows states to extend Medicaid coverage to former foster children ages 18 to 21 and does not specify a minimum age before which children can receive independent living services.
16. Alabama, California, Colorado, Florida, Michigan, Minnesota, Texas, and Washington.

17. Of 110 county administrators interviewed, 51 reported that resources were less adequate than in 1997, and 28 said resources were equally adequate.

18. Programs implementing a managed care approach provide services to a targeted population within a set funding allocation. Managed care models are viewed as having the potential to improve efficiency and enhance innovation.

19. Colorado, Florida, Massachusetts, Michigan, New York, Texas, and Wisconsin.

20. Alabama, two counties in California, Florida, Massachusetts, Michigan, one county in Minnesota, New Jersey, two counties in New York, Texas, and Washington.

21. All ANF states except Massachusetts, Minnesota, Washington, and Wisconsin.

22. Alameda, Los Angeles, and San Diego counties were visited.

23. Caseload ratios vary from state to state and across program areas. Caseloads can count the number of children or the number of families per caseworker. For example, in child welfare investigations the family may be the unit, while for foster care the unit may be an individual child (Child Welfare League of America, National Data Analysis System 2001).

References

American Public Human Services Association. April 2000. Unpublished Report.

Annie E. Casey Foundation. 2001. *Family to Family: Tools for Rebuilding Foster Care, Overview.* Baltimore, Md.: Annie E. Casey Foundation.

Bess, Roseana, Jacob Leos-Urbel, and Rob Geen. 2001. *The Cost of Protecting Vulnerable Children II: What Has Changed since 1996?* Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Occasional Paper No. 46.

Child Welfare League of America, National Data Analysis System. 2001. http://ndas.cwla.org/Intro.asp. (Accessed April 2001.)

Ehrle, Jennifer, Karin Malm, Lynne Fender, and Roseana Bess. 2001. *Welfare Reform and Opportunities for Collaboration between Welfare and Child Welfare Agencies.* Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Occasional Paper No. 53.

Gambrill, Eileen, and Brenda G. McGowan. 1994. "Does Worker Discretion in Implementing Agency Policy Compromise Attainment of Agency Objectives?" In *Controversial Issues in Child Welfare,* edited by Eileen Gambrill and Theodore Stein. Boston: Allyn and Bacon.

Geen, Robert, and Karen Tumlin. 1999. *State Efforts to Remake Child Welfare: Responses to New Challenges and Increased Scrutiny.* Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Occasional Paper No. 29.

Geen, Robert, Lynne Fender, Jacob Leos-Urbel, and Teresa Markowitz. 2001. *Welfare Reform's Effect on Child Welfare Caseloads.* Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Discussion Paper 01-04.

James Bell Associates. 2001. Unpublished materials from the Fifth Annual Child Welfare Demonstration Projects Meeting, Children's Bureau, Administration on Children, Youth, and Families, Washington, D.C., Feb. 5–7.

Katz, Linda. 1999. "Concurrent Planning: Benefits and Pitfalls." *Child Welfare* 78(1): 72.

Merkel-Holguin, Lisa. 1998. "Implementing Family Group Decision Making Processes in the U.S.: Policies and Practices in Transition?" *Protecting Children* 14(4): 4–10.

Miller, Jennifer L. 2000. "Child Welfare Waivers: What Are We Learning?" *Policy and Practice* 58(4): 20–28.

National Clearinghouse on Child Abuse and Neglect Information. 2001. "Child Fatalities Fact Sheet." http://www.calib.com/nccanch/pubs/factsheets/fatality.cfm. (Accessed April 6, 2001).

Pine, Barbara A., Robin Warsh, and Anthony N. Maluccio. 1998. "Participatory Management in a Public Child Welfare Agency: A Key to Effective Change." *Administration in Social Work* 22(1): 20–26.

State Capitals Newsletters, January 22, 2001.

Tumlin, Karen, and Rob Geen. 2000. "The Decision to Investigate: Understanding State Child Welfare Screening Policies and Practices." Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Policy Brief A-38.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. 1999. "Model Courts Serve Abused and Neglected Children–Fact Sheet." Washington, D.C.: Government Printing Office.

U.S. General Accounting Office. 1999. *Foster Care: States' Early Experiences Implementing the Adoption and Safe Families Act*. Washington, D.C.: Government Printing Office.

Waldfogel, Jane. 1998. "Rethinking the Paradigm for Child Protection." *Future of Children* 8(1): 104–19.

———. 2000. "Reforming Child Protective Services." *Child Welfare* 79(1): 47–49.

Walter R. McDonald and Associates and American Humane Association. 2000. *SB2030 Child Welfare Services Caseload Study – Final Report, April 2000.*

About the Authors

Karin Malm is a research associate in the Urban Institute's Population Studies Center. She recently completed work on an assessment of alternative kinship programs, and worked as a consultant on the *Assessing the New Federalism* case studies examining the potential impact of welfare reform on child welfare. Her research career includes directing a study on collaboration efforts between child welfare and domestic violence agencies and participating in numerous child welfare program evaluations for the federal Administration for Children and Families.

Roseana Bess is a research associate in the Urban Institute's Population Studies Center. She recently completed a report on child welfare financing and was coauthor of a report on states' kinship care policies. She was also involved in the *Assessing the New Federalism* case studies examining the potential impact of welfare reform on child welfare. Before she began her research career, she was a case manager working with families at risk of having their children placed in foster care.

Jacob Leos-Urbel, now with the Peace Corps, was a research associate in the Urban Institute's Population Studies Center. His research focused on a variety of child-welfare-related issues, including work on the child welfare financing survey, the kinship care policy survey, the Report to Congress on Kinship Care, and a study assessing alternative kinship care programs. He was also a member of the *Assessing the New Federalism* project's child welfare case study team.

Robert Geen is a senior research associate in the Urban Institute's Population Studies Center, specializing in child welfare and related child, youth, and family issues. He directed the 1997 and 1999 child welfare case studies. He is currently directing studies examining child welfare agencies' use of relatives as foster parents; the implementation of a neighborhood-based child welfare service delivery system in Washington, D.C.; and the impact of welfare reform on the child welfare system.

Teresa Markowitz is the president of On the Mark, a consulting firm that assists human service agencies and companies in consultation, management, training, evaluation, and research of unique delivery systems. She is currently an Annie E. Casey Foundation Family and Child Fellow. Previously, she was the commissioner of Children and Family Services for the Kansas Department of Social and Rehabilitation Services. During her tenure as commissioner, the department moved to an outcome-based, public-private partnership. She has also had extensive experience in the private sector, working primarily in child mental health, including 10 years managing and operating psychiatric facilities across the country.